

As others have said tonight, when we are coming out of what is the worst economic calamity we have faced since the Great Depression, we need to make sure we are doing absolutely everything we can for these veterans but also for the people who are the moms and dads, the children at elementary schools just like the one I visited, all across the country.

The children in this school, according to the teachers with whom I met, have faced extraordinary challenges at home as a result of all this. It is another example of the work we should be doing together here in a bipartisan way as we ask people to serve their country in these foreign wars.

I continue to hope at some point there is going to be a breakthrough here and we are going to get past the partisan cartoon we have confronted for the entire time I have been in the Senate and get back to the work of the American people and get back to the work that will support the children in that elementary school at Fort Carson. I want to say on this floor and for this record how grateful I am to their teachers for teaching but also for giving their Senator an insight into the lives of the young people they are serving.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BENNET. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. BENNET. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

TRIBUTE TO CHRIS WYMAN

Mr. KERRY. Mr. President, today I would like to celebrate the remarkable commitment demonstrated over nearly 18 years in Senate service by one of my most loyal and longest serving aides, Chris Wyman, who retired October 31.

Chris Wyman eschews the limelight of politics and the media. But I know him as a close friend and a humble, self-effacing, earnest public servant, who "walked point" for me in Massachusetts on every issue and every case affecting military personnel, veterans, and their families.

For Chris, the work was always personal. He understands the demands on the military and their families better than most, having enlisted and served on Active Duty in the Navy before he came to work for me shortly after I began my second term representing Massachusetts.

The work that Chris began on my staff starting in 1993 was difficult, particularly for someone who found such common cause with anyone who had worn the uniform of the Army, Navy, Air Force, Marine Corps, or Coast Guard. Their cause became Chris's concern day in and day out. The issues changed with time, from veterans' benefits and Agent Orange, to PTSD and traumatic brain injuries, but what always remained was Chris's special determination to help those who had served their country and ensure that they were always treated with dignity and respect by the government that had sent them into harm's way.

In all those years, Chris was my eyes and ears on the ground in Massachusetts 7 days a week—the person who listened to veterans and their families about the many challenges affecting their lives. His compassion and his presence helped me to take concerns heard in conversations and transform them into legislation to tackle human problems on a more national scale.

Among the efforts I worked on in the Senate, you can see the imprint of Chris's visits to veterans across Massachusetts, including the Helping Heroes Keep Their Home Act, which provides protection for servicemembers and military families against foreclosure and increased interest rates; a measure that made service life insurance available to reservists called to Active-Duty and National Guard members; the Corey Shea Act, which allows eligible parents of a fallen servicemember to be buried with their child in any of the 131 cemeteries run by the VA's National Cemetery Administration, if that child has no living spouse or children; a \$20 million supplemental appropriation in 2007 for VA centers; seven Vet Centers in Massachusetts benefited from the measure; and millions of dollars more in Federal grants from the Department of Veterans Affairs for homeless vets shelters located throughout Massachusetts.

For Chris, each of those legislative efforts began with a human face: veterans who were living on the streets in a country that at times had forgotten their sacrifices when they came home, grieving mothers and fathers who had lost children on the battlefield, veterans struggling during an economic collapse that threatened them and their families with foreclosure, and particularly families who had lost sons and daughters to PTSD and the hidden wounds of war and who had dedicated themselves, with Chris's help, to transforming their mourning into mission to help others.

It is no understatement that Chris had one of the toughest and most demanding job in my Boston office, certainly the most intense. He met so many at their most vulnerable and others still who were overcome by the deepest and most indescribable grief—and even anger. But it was Chris Wyman who remembered always that if Americans were sent somewhere in the

world dodging bullets and bombs to protect our freedom, then there should be no limit to the government's commitment to do its part back home to support them and their families.

For Chris, each day was measured not in minutes or hours but in phone calls—as many as 50 calls a day. Some were routine—soldiers or veterans needing absentee ballots, forms, or help applying for benefits. For Chris, those cases were the easiest the ones in which a highly placed phone call or a well-timed letter could be the lubricant to make the State and Federal bureaucracy run more smoothly. But some of those calls were far from routine. Take just one that resulted in a special moment just about this time last year in Newton, MA, when Chris's intervention helped right a wrong inadvertently committed years before by the Federal Government. Thanks to Chris's hard work, I was able to present a Congressional Gold Medal to the family of 2LT James Calhoun, a member of the famed Tuskegee Airmen, who was killed in World War II. The Tuskegee Airmen had been awarded the medal collectively in 2007, but Lieutenant Calhoun's daughter, Jean Calhoun Royster, was excluded from that ceremony. When Jean reached out to Chris and to my office, we intervened to help secure the medal in honor of her father. It was touching to see the pride Jean felt for her father when she held his medal in her very own hands, but more than that, it was inspiring to know that behind the scenes it was Chris's diligence that helped to make it happen.

I also remember another special day Chris helped make possible—the day I pinned a Purple Heart on 22-year-old Sean Bannon of Winthrop, who was wounded in both legs in Iraq and spent 6 weeks recovering at Walter Reed. We held the ceremony at Fenway Park on Patriots Day in 2008. And the Red Sox surprised Sean by allowing him to throw out the first pitch, with No. 38, Curt Schilling, standing in as Sean's catcher. He wasn't on the field let alone on the mound that day, but Chris Wyman was the MVP of our team that day the unsung hero of a proper welcome home for a real military hero, Sean Bannon. That was a joyful day for the Bannon family and for all of us, but for Chris it was just one of the many ways he made a contribution. It was every day that Chris received calls from wives, husbands, and children worried about loved ones on Active Duty somewhere in the world or from veterans enduring life-threatening health conditions. They, too, needed real action, not just a promise to get back to them later. And whenever he got one of those calls, Chris would spring into action and stay at it until he got the answers and results that these brave Americans and their families deserved.

Among these solemn duties were some that Chris rarely spoke about but which are seared into him forever.

Again and again, he made personal visits to the homes of Gold Star families. He would simply show up to visit, to comfort, and to help out after families received the phone call that every military parent dreads the most. Chris formed deep friendships with many of the families, friendships that will last a lifetime. While many quote Abraham Lincoln's words, Chris lived them—through his actions, not his words, he held sacred Lincoln's pledge at Gettysburg that our country will care for "him who has borne the battle, and his widow and his orphan." And so Chris did—at wakes, at funerals, in military hospitals and veterans homes, in all these difficult circumstances and the difficult days and months and years that followed, Chris Wyman kept the faith.

Chris did this for all veterans—in their spirit and many times in their memory. But he also joined a special fraternity the tight knit "Band of Brothers" who served with me during Swiftboat duty in Vietnam. He came to them in the 1990s and never lost touch with any of them, extending to them, as he did for so many Massachusetts veterans, total dedication and commitment through hospital visits, weddings, and funerals. It was no surprise, then, that several years ago they made him an honorary member of their "brotherhood," presenting him with a blue crew member shirt, exactly the same as the ones they wore so proudly whenever they were together.

It seems fitting that Chris is retiring so close to Veterans Day—a day to honor America's veterans for their patriotism, their love of country, and their willingness to serve and to sacrifice because for these past nearly 18 years, for Chris Wyman, every day was Veterans Day. He is a shining example of service to those who have served.

Mr. President, both Chris and I are proud to be Navy men, and in the Navy, we have a special term—"Bravo Zulu" which means "Well Done." So, as one old sailor to another, with a thank you for many years of loyalty and friendship, to Chris Wyman I say "Bravo Zulu" for a job well done.

PATIENT PROTECTION AND AFFORDABLE CARE ACT

Mr. COBURN. Mr. President, I believe Congress should reexamine the federally mandated medical loss ratios in the Patient Protection and Affordable Care Act. Today I will outline four reasons I believe consumers will face increased costs, decreased choice, and reduced competition.

The Patient Protection and Affordable Care Act, PPACA, included a provision that requires all health plans to adhere to a medical loss ratio, MLR, established in law. The MLR refers to the percentage of premium revenues for health insurance plans spent on medical claims. Thus, if a plan received \$100 of premiums and spent \$85 on medical claims its MLR would be 85 percent.

Beginning no later than January 1, 2011, PPACA requires a health insurance issuer to provide an annual rebate to each enrollee if the ratio of the amount of premium revenue expended by the issuer on clinical claims and health quality costs, after accounting for several factors such as certain taxes and reinsurance, is less than 85 percent in the large group market and 80 percent in the small group and individual markets.

Supporters of PPACA tend to herald the newly created, higher MLR requirement as providing "better value" for policyholders compared to a lower MLR. To the untrained ear, perhaps higher MLRs sound better since they force health insurance plans are required to spend a larger percentage of each dollar on medical claims.

Jamie Robinson, a professor in the School of Public Health at the University of California at Berkeley, noted that numerous organizations "have assailed low medical loss ratios as indicators of reduction in the quality of care provided to enrollees and sponsored legislation mandating minimum ratios." However, he rightly concludes that while "this is politically the most volatile and analytically the least valid use of the statistic."

In fact, a close examination of the data suggests there are several reasons to be concerned with the one-size-fits-all federally mandated MLRs in PPACA. Here are four key reasons why PPACA's MLRs will likely negatively impact American consumers and patients.

First, insurance markets across the country threaten to destabilize. During the health reform debate, opponents of the Federal takeover of health care warned that the federally mandated MLR could endanger the high-quality health coverage many Americans enjoy because it could lead to market destabilization in some States. Under PPACA, States are permitted to adjust the percentage for the individual market only if the Secretary of Health and Human Services grants them a waiver because the Secretary determines that the health insurance market would otherwise be destabilized. Unsurprisingly, a total of 15 States have applied for a waiver from the MLR. This means that nearly one in three States has found that the MLR could destabilize their market and threaten consumers' coverage.

A review of the data shows why States are concerned. According to a study published in *The American Journal of Managed Care*, the specific impact of the new medical loss rules on the individual health insurance market "has the potential to significantly affect the functioning of the individual market for health insurance." Using data from the National Association of Insurance Commissioners, the study's authors "provided state-level estimates of the size and structure of the U.S. individual market from 2002 to 2009" and then "estimated the number

of insurers expected to have MLRs below the legislated minimum and their corresponding enrollment." They found that in 2009, "29 percent of insurer-state observations in the individual market would have [had] MLRs below the 80 percent minimum, corresponding to 32 percent of total enrollment. Nine states would have at least one-half of their health insurers below the threshold."

The study explained the impact in "member years," which requires some explanation. Most health insurance policies typically have a 12-month duration, but individuals can enroll or disenroll on a monthly basis. As a result, much of the accounting and actuarial calculations that a health insurance plan makes are in member month or year terms. A member year is 12 member months and could be one individual or multiple persons. For example, if an individual is enrolled for 12 months, that is one member year, or if two people are enrolled for just 6 months each, that is one member year. The study found that "if insurers below the MLR threshold exit the market, major coverage disruption could occur for those in poor health," and they "estimated the range to be between 104,624 and 158,736 member-years." This empirical analysis highlights the huge disruption American consumers may face. As health insurers consolidate, stop offering some insurance products, or exit the market place altogether, Americans who like the high-quality private health plan they have will lose it. This effect would undermine the President's promise to Americans that if they like the health care plan they have, they could keep it.

There is a second concern: Instead of consumers receiving "better value," consumers face increased costs. Despite often-repeated arguments that federally mandated MLRs will result in "better value" for consumers, there is little substance to back up this claim. The assumption behind this claim is that spending more cents of a health care dollar directly on care is inherently better. But this may not necessarily be the case. University of California, Berkeley, professor Jamie Robinson has studied the issue of MLRs closely, and he noted in *Health Affairs* that the connection between the MLR and good value is not as clear as some would claim. "The medical loss ratio never was and never will be an indicator of clinical quality," he said. In fact, Professor Robinson explained that "neither premiums nor expenditures by themselves indicate quality of care. More direct measures of quality are available, including patient satisfaction surveys, preventive services use, and severity-adjusted clinical outcomes. Although each of these is limited in scope, they at least shed light on quality of care. The medical loss ratio does not."

While the MLR cannot guarantee better value for consumers, it can lead to higher premium costs. As the Congressional Research Services explained,